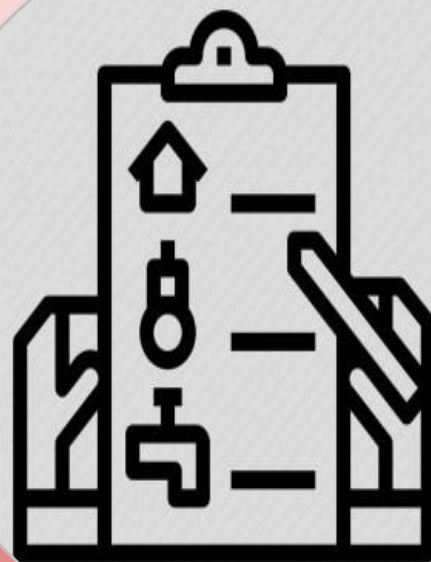


Regulatory Regional Hospital Inspection Tool v1.3



Infection Prevention and Control



Facility:
Date:

- **Tool Name:** Regulatory Regional Hospital Inspection tool v1.3 - Final
- **HES Type:** Hospitals **Sector:** Public
- **Specialization:** Regional
- **Created By:** Health Standards Development and Training

3 Infection Prevention and Control

Domain 3.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 3.2.1 7 Clinical management

Standard 3.2.1.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 3.2.1.1.1 7(2)(a) The health establishment must ensure that clinical policies and guidelines for priority health conditions issued by the national department are available and communicated to health care personnel.

3.2.1.1.1.1 Clinical guidelines and policies are communicated to health care personnel.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether there is documented evidence of communication of each guideline listed below to health care personnel responsible for the management of infection prevention and control activities in the health establishment. This may include, but need not be limited to, signed distribution lists and inhouse or external training. Score 1 if the evidence is available and 0 if not available.

Score	Comment	
Aspects	Score	Comment
1. National Infection Prevention and Control Strategic Framework 2020 or latest		
2. Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest		
3. Guidelines for the Prevention and Containment of Antimicrobial Resistance in South African Hospitals 2018 or latest		
4. Guidelines on Implementation of the Antimicrobial Strategy in South Africa: One Health Approach and Governance 2017 or latest		
5. National Infection Prevention and Control Guidelines for TB, MDR-TB and XDR-TB 2015 or latest		

6. National Guidelines on Epidemic Preparedness and Response 2009 or latest		
7. COVID-19 Infection Prevention and Control Guidelines 2020 or latest		
8. COVID-19 Outbreak investigation: A practical guide and manual for healthcare facilities 2020 or latest		
9. Guidelines for quarantine and isolation in relation to covid-19 exposure and infection 2020 or latest		

Criterion 3.2.1.1.2 7 Healthcare providers are informed on the health establishment and their specific responsibilities.

3.2.1.1.2.1 Health care personnel have been informed about the Standard Operating Procedures of the unit and health establishment.

Assessment type: Document - **Risk rating:** Essential measure

Documented evidence that personnel have been informed about the Standard Operating Procedures of the unit and health establishment must be available. This could include but is not limited to distribution lists which include personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance at meetings where policies, guidelines and standard operating procedures are discussed, or similar evidence for electronic distribution. Score 1 if such evidence is available and score 0 if it is not available.

Score	Comment

Aspects	Score	Comment
1. Infection prevention and control practices.		
2. Standard precautions.		
3. Management of users with contagious infections		

Standard 3.2.1.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 3.2.1.2.1 7 Infection prevention and control management must be led by trained and experienced health care personnel.

3.2.1.2.1.1 Infection prevention and control link nurses or champions are appointed.

Assessment type: Document - **Risk rating:** Essential measure

Using the checklist below, verify whether infection prevention and control link nurses or champions are appointed for each area and have undergone training in accordance with the requirements of the Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework. Score 1 if the evidence is provided and 0 if not. Units not applicable to level of care or health establishment must be scored not applicable.

Score	Comment

Unit 1 Link nurse or champion appointed or designated in writing

Aspects	Score	Comment
1. Emergency department		
2. Outpatient Department		
3. Maternity unit		
4. Medical unit		
5. Surgical unit		
6. Paediatric unit		
7. Generic unit		
8. Physiotherapy		
9. Operating Theatre		
10. Mental health care unit (where applicable)		
11. CSSD		
12. Cleaning Services		
13. Laundry Services		
14. Laboratory		
15. Pharmacy		
16. Radiology		

Unit 2 Training undergone

Aspects	Score	Comment
1. Emergency department		
2. Outpatient Department		
3. Maternity unit		
4. Medical unit		
5. Surgical unit		
6. Paediatric unit		

7. Generic unit		
8. Physiotherapy		
9. Operating Theatre		
10. Mental health care unit (where applicable)		
11. CSSD		
12. Cleaning Services		
13. Laundry Services		
14. Laboratory		
15. Pharmacy		
16. Radiology		

Criterion 3.2.1.2.2 7 The health establishment must have a functional infection prevention and control management structure.

3.2.1.2.2.1 The terms of reference for the structure reviewing infection prevention and control are available.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether the aspects listed below are included and explained in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment	
Aspects	Score	Comment
1. Interdisciplinary membership required		
2. Term in office		
3. Roles and responsibilities of structure members		
4. Frequency of meetings		
5. Quorum for the structure		

3.2.1.2.2.2 The committee or structure responsible for overseeing infection prevention and control activities within the health establishment includes representation from all relevant services.

Assessment type: Document - **Risk rating:** Essential measure

Examine the terms of reference and letters of appointment of the committee or structure to ensure that all services listed below are represented. The Committee does not need to be a stand-alone committee, it can form part of other committees, in smaller

health establishments, one person may represent one or more services. Score 1 if the service is represented on the committee or structure and 0 if not represented.

Score	Comment	
Aspects	Score	Comment
1. Health establishment management		
2. Nursing management		
3. Clinical management		
4. Rehabilitation services representative		
5. Mortuary		
6. Infection prevention and control practitioner		
7. Quality management		
8. Occupational health and safety		
9. Pharmacy		
10. Food services		
11. Cleaning services		
12. Sterilisation services		
13. Engineering department		
14. Waste management		
15. Laundry		

3.2.1.2.2.3 Minutes of the structure reviewing infection prevention and control indicate that analysed infection control surveillance data and control measures are discussed.

Assessment type: Document - **Risk rating:** Essential measure

The infection prevention and control structure minutes from the previous quarter must be dated and signed and include an attendance register and agenda. The content must reflect discussions on surveillance data and control measures. Not applicable: Never

Score	Comment

3.2.1.2.2.4 Action is taken to reduce the incidence of infections where surveillance data indicates increasing or higher than average health care-associated infection rates.

Assessment type: Document - **Risk rating:** Essential measure

Analysed surveillance data will identify trends within health care-associated infection events that suggest a common cause for a cluster of observed infections. Quality improvement plans to address the identified cause(s) must be documented and implementation monitored. Not applicable: Where no trends are identified

Score	Comment

Criterion 3.2.1.2.3 7 The infection prevention and control management structure must identify and manage risk in relation to health care-associated infections.

3.2.1.2.3.1 An approved strategy or standard operating procedure to manage health care-associated infections is in place.

Assessment type: Document - **Risk rating:** Essential measure

Verify whether the document includes and explains the aspects listed below. Score 1 if the aspect is included and explained and 0 if not included or not explained

Score	Comment	
Aspects	Score	Comment
1. Clear definitions for health care-associated infections		
2. Activities to monitor infection rates in the health establishment		
3. Activities to monitor ESKAPE organisms (Enterococcus faecium, Staphylococcus Aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa and Enterobacter spp)		
4. Identification of outbreaks of health care-associated infections		
5. Investigation of an outbreak of health care-associated infections in the health establishment		
6. Response to limit transmission of infection during an outbreak		
7. Internal reporting processes required for health care associated infections		
8. External reporting processes required for health care associated infections		
9. Evaluation of the effectiveness of the strategy to prevent and respond to health care-associated infections		

3.2.1.2.3.2 An annual infection prevention and control audit is conducted.

Assessment type: Document - **Risk rating:** Vital measure

The purpose of the audit is to review activities currently in place to control risks. Request the audit report from the previous 12 months, this could also be captured in the Infection Prevention and Control Assessment Framework tool or template. Not applicable: Never

Score	Comment

3.2.1.2.3.3 A list of approved cleaning agents, hand soap and alcohol-based hand rub is available for procurement purposes.

Assessment type: Document - **Risk rating:** Essential measure

The use of inappropriate cleaning materials will increase the likelihood of inadequate eradication of microbes in the environment, increasing the risk of infection. Only health establishment grade cleaning agents must be used for environmental cleaning in health establishments. Products used for hand hygiene must provide the required microbicidal effectiveness and be hypoallergenic to minimise the occurrence of allergies or skin reactions. Approval may be obtained from a structure with appropriate expertise outside the health establishment, e.g. provincial infection prevention and control committee. However, the infection prevention and control committee of the health establishment is responsible for ensuring that the list is available and updated and that the supply chain procures the approved items. Not applicable: Never

Score	Comment

3.2.1.2.3.4 A list of approved antiseptics, disinfectants and detergent-disinfectants is available for procurement purposes.

Assessment type: Document - **Risk rating:** Essential measure

All antiseptics, disinfectants and detergent-disinfectants must comply with the standards as set out in the Compulsory Specification for Disinfectants and Detergent-Disinfectants, published under R529 of 14 May 1999 (VC 8054), in terms of the Specifications Act of 1993, regarding the disinfecting and cleaning efficacy of detergents and disinfectants, corrosiveness, water insoluble-water matter content and rinsing properties. Infection prevention and control committee of the health establishment is responsible for ensuring that the list is available and updated and that the supply chain procures the approved items. Not applicable: Never

Score	Comment

Criterion 3.2.1.2.4 7 The health establishment management structure must implement an effective health care-associated infections surveillance programme.

3.2.1.2.4.1 The incidence of common health care-associated infections is monitored monthly.

Assessment type: Document - **Risk rating:** Vital measure

Manual or electronic monthly statistics of common health care-associated infections over a period of six months must be available. Not applicable: Never

Score	Comment

3.2.1.2.4.2 Action is taken where surveillance data indicates a spike in infections or increasing levels of infections over time.

Assessment type: Document - **Risk rating:** Essential measure

The purpose of surveillance is to identify problems and intervene promptly to limit harm to users. Where emerging (when two or more cases of HAIs with the same identification and antibiogram that are epidemiologically linked) or existing problems are

identified, appropriate action must be implemented immediately in accordance with the documented strategy to manage health care associated infections. Not applicable: Where no adverse infection rates have occurred.

Score	Comment

Criterion 3.2.1.2.5 7 The health establishment must report information on health care associated infections and notifiable diseases to the appropriate public health agencies.

3.2.1.2.5.1 All diagnosed notifiable diseases have been recorded.

Assessment type: Document - **Risk rating:** Essential measure

Request the register, which may be manual or electronic. Review the register to verify whether the required information has been entered for each case. Not applicable: Where no notifiable diseases have been diagnosed in the previous 12 months.

Score	Comment

3.2.1.2.5.2 The reporting of notifiable diseases is done in accordance with national guidelines.

Assessment type: Document - **Risk rating:** Essential measure

Notification may be made manually or electronically. Inspect the system to ensure that the correct forms have been used. Forms may be accessed from the NICD website:

<https://www.nicd.ac.za/notifiable-medical-conditions/notification-forms/> Not applicable: Where no notifiable diseases have been diagnosed in the previous 12 months.

Score	Comment

Criterion 3.2.1.2.6 7 Implementation of standard operating procedures must be monitored.

3.2.1.2.6.1 A hand hygiene drive or campaign is held at least annually.

Assessment type: Document - **Risk rating:** Vital measure

A record must be kept of activities to promote adequate hand hygiene to reduce health care associated infections. This may include, but need not be limited to, pictures and/or attendance registers confirming that such events have taken place. Not applicable: Never

Score	Comment

3.2.1.2.6.2 Hand hygiene audits are conducted and managed effectively.

Assessment type: Document - **Risk rating:** Vital measure

Request the hand hygiene audit report for the previous quarter. Evidence may be manual or electronic, a minimum of 200 episodes must be observed throughout the health establishment. The information must be communicated to the various units to make them aware of their performance. Where gaps in performance are identified, action must be taken to improve hand hygiene practices within the health establishment. This may include, but not limited to, quality improvement plans, training or increased audit frequency. Score 1 if the item is compliant and 0 if not. Score N/A for actions taken, where no gaps in

performance are identified by the audit. Units not available in the level of care or health establishment must be scored not applicable.

Score	Comment

Unit 1 Hand hygiene report available

Aspects	Score	Comment
1. Overall performance for the health establishment		
2. Emergency Unit		
3. Outpatient Department		
4. Maternity unit		
5. Medical unit		
6. Surgical unit		
7. Paediatric unit		
8. Generic unit		
9. Physiotherapy		
10. Operating Theatre		
11. Mental health care unit (where applicable)		

Unit 2 Audit reports demonstrate adherence of 80% as a minimum

Aspects	Score	Comment
1. Overall performance for the health establishment		
2. Emergency Unit		
3. Outpatient Department		
4. Maternity unit		
5. Medical unit		
6. Surgical unit		
7. Paediatric unit		
8. Generic unit		
9. Physiotherapy		

10. Operating Theatre		
11. Mental health care unit (where applicable)		

Unit 3 Actions taken where gaps are identified ((Not applicable where there were no gaps identified).

Aspects	Score	Comment
1. Overall performance for the health establishment		
2. Emergency Unit		
3. Outpatient Department		
4. Maternity unit		
5. Medical unit		
6. Surgical unit		
7. Paediatric unit		
8. Generic unit		
9. Physiotherapy		
10. Operating Theatre		
11. Mental health care unit (where applicable)		

3.2.1.2.6.3 Implementation of procedures to reduce the risk of health care-associated infections are monitored.

Assessment type: Document - **Risk rating:** Vital measure

The committee or structure must ensure that procedures such as IPC bundles, Best Care Always bundles including catheter acquired urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), surgical site infection (SSI) and ventilator-associated pneumonia (VAP explanatory note: Not applicable to health establishment who do not ventilate users.) are implemented and monitor associated infection rates. Not applicable: Never

Score	Comment

3.2.1.2.6.4 Bacterial swabs are performed in accordance with infection control guidelines.

Assessment type: Document - **Risk rating:** Vital measure

Evidence of laboratory results for particle counts from theatre must be available if major reconstruction has been carried out, where a theatre has been commissioned, or where there has been an infection outbreak in the previous 12 months within the health establishment. Not applicable: Where a theatre has not been commissioned, no major reconstruction has been carried out and/or there have been no infection outbreaks in the previous 12 months

Score	Comment

Criterion 3.2.1.2.7 7 Health care personnel receive ongoing in-service education according to their roles and responsibilities.

3.2.1.2.7.1 The annual in-service education and training plan includes standard precautions.

Assessment type: Document - **Risk rating:** Essential measure

Review the annual in-service education and training plan and verify that standard precautions are included. Not applicable: Never

Score	Comment

Sub Domain 3.2.2 8 Infection prevention and control programmes

Standard 3.2.2.1 8(1) The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.

Criterion 3.2.2.1.1 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.

3.2.2.1.1.1 The infection prevention and control team confirm adequacy of terminal cleaning following the release of infectious users from the isolation room.

Assessment type: Document - **Risk rating:** Vital measure

The infection prevention and control team is responsible for ensuring that rooms used for the care of users with infections requiring isolation are adequately cleaned and decontaminated after the user has been permanently moved out of the isolation room, to confirm that the room is safe to accommodate non-infectious users. This may be by means of a certificate or the submission of completed NDOH checklists for terminal cleaning of isolation rooms which is in page 107 of the Practical Manual for implementation of National IPC Strategic Framework March 2020. Not applicable: Never

Score	Comment

Domain 3.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 3.4.1 20 Occupational health and safety

Standard 3.4.1.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 3.4.1.1.1 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

3.4.1.1.1.1 Guidelines regarding local measures for managing disease outbreaks are available.

Assessment type: Document - **Risk rating:** Vital measure

A document describing locally agreed measures to be implemented in the case of a disease outbreak must be available, which includes details of the actions to be taken by health establishments. Not applicable: Never

Score	Comment

3.4.1.1.1.2 Health care personnel are trained in the management of the relevant infectious disease during an outbreak.

Assessment type: Document - **Risk rating:** Essential measure

Documented evidence of training regarding the management of infections and limiting transmission of the infection following an outbreak must be available. This may include, but need not be limited to, in-service training or training provided by the relevant authority. Not applicable: Where there have been no outbreaks in the previous 12 months

Score	Comment

--	--

Criterion 3.4.1.1.2 20 A programme for the prevention and control of respiratory infections must be in place.

3.4.1.1.2.1 Respirators approved by a recognised regulatory body are available.

Assessment type: Observation - **Risk rating:** Vital measure

The respirators must be available for all health care personnel exposed to serious contagious respiratory infections. Respirators must be approved by a recognised body/ regulatory authority. The respirators will include but not limited to N95, KNP5, FFP2. Not applicable: Never

Score	Comment

Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.

To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Regional Hospitals.

Acknowledgements

There are many people who have contributed to the development of the Regulatory Regional Hospital Inspection Tools Version 1.3. The Office of Health Standards Compliance wishes to extend most heartfelt acknowledgement and gratitude to the following:

- The WHO technical team for providing guidance on the very first draft inspection tools database
- Health Standards Development and Training unit team (Dr Grace Labadarios, Mr Jabu Nkambule, Ms Florina Mokoena, Ms Mosehle Matlala, Ms Busisiwe Mashinini} for the development of the Regional Hospital Inspection tools.
- The internal OHSC teams (Compliance Inspectorate, Certification and Enforcement, Complaints and Assessment, Complaints and Investigation, Systems, Data Analysis and Research}, for their contribution during the development of the Regional Hospital Inspection tools and (Information Technology and Communication and Stakeholder Relations} for providing support.
- National Department of Health, Mr Bennet Asia, Dr Shaidah Asmall for reviewing and commenting on the inspection tools.
- Provincial Department of Health personnel, Quality Assurance Managers, District Managers, Programme Managers, Operational Managers for their valuable feedback
- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.

It is hereby certified that the Regulatory Regional Hospital Inspection tools version 1.3 was developed by the Office of Health Standards Compliance.

Ms W Moleko

Signature:



**Executive Manager: Health Standards
Development Analysis and Support**

Date:

10/08/2022

Dr Sipiwe Mndaweni

Signature:



Chief Executive Officer: OHSC

Date:

10/08/2022

Telephone: 012 942 7700
Email: admin@ohsc.org.za
Website: www.ohsc.org.za

Physical address:
The Office of Health Standards
Compliance,
79 Steve Biko Road,
Prinshof,
Pretoria
0084

Postal Address:
Private Bag X21
Arcadia
0007

ISBN:
978-0-620-90157-4

A decorative graphic at the bottom of the page consists of three curved, overlapping bands. The top band is light green, the middle band is red, and the bottom band is dark blue. The bands curve from the left side towards the right, creating a sense of movement and depth.